



Please attach documentation that shows your correct name and/or Date of Birth for example a copy of your CA Identification, Birth Certificate, DACA SSN, Employment Authorization Card (if you have one) or a Student ID.

Print or type all information.

Dream Act ID # _____

Section 1. Student information

1. Student's name (Exactly as it appears on school records – high school and college) Current last, first, middle initial.

Last Name	First Name	MI
If this is a name change, please print PREVIOUS name in shaded box		

2. Enter the **correct** Date of birth _____ Enter the **incorrect** Date of birth _____

Section 2. Student's Signature (YOU MUST SIGN AND DATE THIS FORM)

Signature	Date
3. Signature (I certify to the best of my knowledge that the information I have filled in above is true and correct.)	

To view your change request update please visit www.caldreamact.org.

It will take approximately 8 business days to process the change(s). An updated Cal ISIR report will be sent to the school(s) you indicated on your CA Dream Act application. An e-mail will be sent to you confirming the requested changes.

If you have any questions concerning this form, you may contact the Commission's Student Support Services Branch by calling (888) 224-7268 or, via e-mail at caldreamact@csac.ca.gov. Our office hours are 10:00 a.m. to 12:00 and 1:00 p.m. to 4:55 p.m., Monday through Friday.

Please mail your completed form to.

California Student Aid Commission
Grant Grant Operations Branch
P.O. Box 419028
Rancho Cordova CA 95741-9028

